



## Environmental Health Services

1035 First Ave. West Kalispell, MT 59901  
 (406) 751-8130 Fax: 751-8131

Administration  
 751-8101 FAX 751-8101  
 Community Health Services  
 751-8110 FAX 751-8111  
 Reproductive Health Services  
 751-8150 FAX 751-8151  
 WIC Services  
 751-8170 FAX 751-8171  
 Home Health  
 751-6800 FAX 751-6807

### Public Accommodation Plan Review: Hotel, Boarding House, or Bed & Breakfast

Please complete the entire plan review, attach required documents, and submit to the Flathead City-County Health Department with the appropriate fees. This form is to be completed and submitted for approval prior to beginning construction or remodeling on the establishment. Our office will notify you when your plan has been reviewed. If you have any questions regarding the plan review please contact our office.

**Required Documents:**

1. Water test results (if not public)
2. Septic permit (if not public sewer) *requires septic review-please see below*
3. Site and Floor Plans Including: *11" x 17" plans must be included to be kept in the establishment's file*
  - Label all areas such as laundry facilities, swimming or spa facilities, storage rooms, garbage rooms, bathrooms, personnel storage rooms and food service areas.
  - The plan shall show the location of all equipment and fixtures including, but not limited to: refrigerators, freezers, dishwashers, laundry machines, pool/spa recirculation systems, ice machines, hand sinks, prep sinks, 3-compartment sinks, mop sinks, meat/deli slicers, work tables, and storage shelves. All equipment must be labeled or numbered with a key.
  - The location of exterior waste containers must be identified.
  - The plans must indicate the location of all entrances and exits.
  - A complete finish schedule for each room, including floors, walls, ceilings and coving must be included.
  - A plumbing schedule including the location of water lines, waste water lines and floor drains must be included.
  - The location of cleaning and other chemical storage must be indicated.
  - A location a detail of laundry facilities including a description of equipment, floor and wall finish materials and a flow chart indicating the route of laundry through sorting, washing, drying, ironing, folding and storage.

**Fees:**

1. Hotel/Motel Plan Review: 1-10 Rooms **\$150**
2. Hotel/Motel Plan Review: 11-25 Rooms **\$250**
3. Hotel/Motel Plan Review: 26+ Rooms **\$300**
4. Bed & Breakfast Plan Review: **\$100**
5. Septic Permit Review (if applicable) **\$35** *(for each permitted drain field needing review)*

<i>For office use only</i>			
Amount Paid		Date	
Payment Type		Receipt #	



I. Property Information	
<b>Establishment Name</b>	<b>Type of Establishment</b> <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Boarding House <input type="checkbox"/> Bed & Breakfast
<b>Physical Address (Street)</b>	(Apt./Unit)
(City)	(State) (Zip)
<b>Legal (Section-Township-Range-Tract)</b>	
<b>(Number of Rooms)</b>	<b>(Maximum Occupancy)</b>

II. Owner Information	
<b>Owner's Name</b>	
<b>Current Mailing Address (Street)</b>	(Apt./Unit)
(City)	(State) (Zip)
<b>Phone Number</b>	<b>Email</b>

III. Property Requirements			
<i>Office Use Only</i>		Yes	No
	Is the property zoned for commercial use if applicable? Contact Flathead County Planning Office at (406) 751-8200 Confirmation signature from Flathead City-County Planning and Zoning required: _____ Date: _____		
	Are there any restrictions on the Certificate of Subdivision Approval for the property that prohibit commercial or multiple uses (if the parcel is less than 20 acres)?		
	Does your establishment qualify for the Guest Ranch or Outfitter exemption (read the exemption form carefully)? If yes, complete the exemption form and return it to this office with this completed plan review.		
	Will food and beverage (including continental breakfast) be provided to guests? If yes, a food service plan review must be completed.		
	Will food and beverage (including continental breakfast) be provided to the general public (non-guests)? If yes, a food service plan review must be completed and a separate food service establishment license acquired.		
	Will a pool or spa be provided for guest use? If yes, a pool/spa plan review must be completed with Montana Department of Public Health and Human Services. Contact Erik Leigh at (406) 444-5306. Number of pools: ____ Spas: ____		

IV. Water Supply		
Office Use Only		Check one
	<b>Public</b> (City or Public Water Supply Name/#) _____	
	<b>Private (well)</b> *Please attach water test results <b>(required)</b> . Testing must include Coliform and Nitrate.	

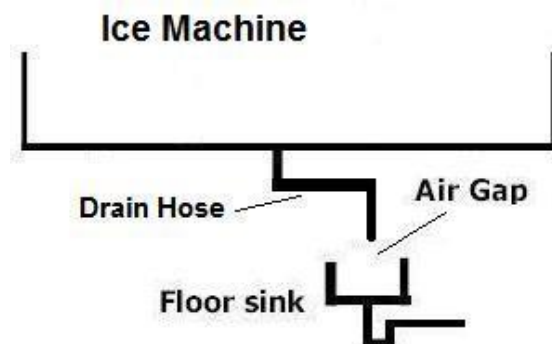
V. Wastewater		
Office Use Only		Check one
	<b>Public</b> (City or Public Sewer) _____	
	<b>Private (septic system)</b> *Please attach a copy of your septic permit <b>(required)</b> .	

VI. Guest Log Requirement			
Office Use Only		Yes	No
	A guest log must be maintained and kept for 1 year with the following information: Name, home address, and phone number of each guest. Do you understand and intend to comply with this requirement?		

VII. Solid Waste			
Office Use Only		Yes	No
	Will solid waste be collected, stored and disposed of in a manner that does not create a sanitary nuisance?		
	Will all solid waste be stored in containers that are sufficiently covered, watertight, rodent-proof, and tip-resistant?		
	Will an outside dumpster be used? If yes, number of dumpsters: _____ capacity: _____ (gal) Solid Waste collection contractor: _____ Frequency of pickup: _____ If no, what will be used? Describe: _____		

VIII. Bathrooms			
Office Use Only		Yes	No
	Is hot (no less than 100°F and no greater than 120°F) and cold running water under pressure available at the hand washing sinks, showers and bathtubs in the all bathroom(s)?		
	Will bathing facilities be provided with anti-slip surfaces or mats?		
	Will adequate ventilation be provided to prevent excess moisture and odors?		

<b>IX. Plumbing</b>			
<i>Office Use Only</i>		Yes	No
	Do all plumbing drains have a trap such as a "P" trap designed to prevent sewer gas entry into the facility?		
	Are backflow prevention devices installed on water supply lines for equipment such as mop sinks, ice and drink machines?		
	Are drain lines from equipment such as ice machines, appropriately "air-gapped" to prevent sewage backflow?		



<b>X. Physical Requirements</b>			
<i>Office Use Only</i>		Yes	No
	Are there adequate and convenient janitorial facilities that include a janitorial/mop sink and storage area for equipment and chemicals?		
	Will all furnishings, fixtures, floors, walls, and ceilings be maintained clean and in good repair?		
	Is there at least one storage room of sufficient size to accommodate the storage of extra bedding and furnishings?		
	Are all rooms provided with adequate light?		
	Are rooms that are subject to large amounts of moisture, such as bathrooms and laundry rooms, have smooth and non-absorbent floors and walls?		
	Will floor and wall-mounted furnishings be easily moveable to allow for cleaning or mounted in such a manner to allow for cleaning around and under such furnishings?		

<b>XI. Ice</b>			
<i>Office Use Only</i>		Yes	No
	Ice must be made from the establishment's approved water supply or obtained from a licensed supplier. How will ice be made and served to guests? *Please check one. <input type="checkbox"/> By the establishment's water supply, including ice machines, bins, etc. <input type="checkbox"/> Bought by a commercial supplier Name of licensed manufacturer _____		
	Will ice be made, stored, handled, served and/or transported in a manner that prevents contamination? This includes sanitizing ice trays/bins and scoops.		
	When ice is not stored in an automatic dispenser and is available to multiple guests, then the ice must be served directly by the establishment staff. Do you agree to comply with this?		

<b>xii. Laundry Facilities</b>			
<i>Office Use Only</i>		Yes	No
	Will the establishment have a laundry room with a mechanical washer and hot air dryer? If no, where will laundry be done? _____		
	Will all bedding, towels, and other laundered items be mechanically washed and hot air dried to at least 130 F for 10 minutes?		
	Is the dryer properly vented to the outside to prevent maintenance and moisture problems?		
	Will laundry facilities have a convenient hand washing sink with soap, disposable towels, and a trash can?		
	Will hand washing be required between touching soiled and clean laundry?		
	Is there sufficient space for sorting, folding, and storing clean laundry to prevent contamination from soiled laundry?		
	Will separately, labeled laundry baskets be used for transporting clean laundry and soiled laundry to prevent contamination?		

<b>xiii. Pest Management</b>			
<i>Office Use Only</i>		Yes	No
	Are all outside doors self-closing with rodent proof flashing?		
	Are screen doors provided on outside entrances?		
	Do all windows that can be opened have a minimum #16 mesh screening?		
	Are all pipes, electrical conduits, ventilation system exhaust/intakes sealed or protected?		
	Is the area around the building clear of insect and rodent harborage (brush, litter, garbage, debris, etc.)?		
	Will insecticides or pesticides be used or stored on-site? If yes, please describe how contamination of food with these poisons will be prevented: _____		
	Are all insecticide and pesticide chemical containers properly labeled?		
	Are air curtains used? If yes, please describe where: _____		

xiv. Housekeeping & Maintenance			
Office Use Only		Yes	No
	Will guest rooms be cleaned and supplied with freshly laundered sheets, pillow covers, towels, and washcloths before each new guest?		
	Will clean sheets, pillow covers, towels, and washcloths be provided to each guest at least weekly? <i>They may be provided more frequently as requested by a guest or according to establishment policy</i>		
	Will all bedding, including quilts and comforters, be machine washable or covered with a machine-washable linen (duvet)?		
	Will all bedding, towels, and washcloths provided by management be clean and in good repair?		
	Will sheets adequately cover the bed and fold over the blanket at least 6"?		
	Will all mattresses be covered with a machine washable pad?		
	Will a designated janitor sink be used for washing and rinsing of mops, brooms, brushes, and other cleaning devices?		
	Will mop heads be air dried between uses?		
	Will toilet and urinal cleaning devices be kept separate from other cleaning supplies and not used for any other purpose?		
	Will bathtub and shower cleaning devices be kept separate from other cleaning supplies and not used for any other purpose?		
	Will all furnishings, fixtures, floors, walls, and ceilings be kept clean and in good repair? <i>Management must provide for maintenance as needed.</i>		
	Will cleaning compounds and pesticides be stored, used, and disposed of in accordance with the manufacturer's instructions?		
	Will ozone air purifiers be used in the establishment?		
	How will utensils for food or drink, including glasses, pitchers, ice buckets, and coffee pots be sanitized? <b>* Please check one.</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> By an NSF approved dishwasher</li> <li><input type="checkbox"/> By hand in a 2 or 3 compartment sink, using a bleach or quat sanitizer.</li> <li><input type="checkbox"/> Will only use disposable food or drink items and/or utensils.</li> </ul>		

Approval of these plans and specifications by this Health Regulatory Authority does not indicate compliance with any other code, law, or regulation that may be required—Federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine compliance with the local and state laws governing public accommodations.

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify this approval.

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

## **VARIOUS IMPORTANT CONTACTS**

### **BUILDING DEPARTMENTS**

Kalispell  
201 1<sup>st</sup> Avenue East – Kalispell  
(406) 758-7730

Columbia Falls  
130 6<sup>th</sup> St West – Columbia Falls  
(406) 892-4349

Whitefish (Building, Planning, & Zoning)  
PO Box 158  
510 Railway St – Whitefish  
(406) 863-2410

State Building Inspector  
Steve Clark  
(406) 439-2982

State Plumbing/Mechanical Inspector  
Building Codes Bureau  
Dave Micone  
PO Box 10096 – Kalispell  
(406)752-5117, (406)439-4106

### **PLANNING / ZONING**

Flathead County Planning  
1035 1<sup>st</sup> Ave West  
Kalispell MT 59901  
(406) 751-8200

Kalispell Planning  
201 1st Ave E  
Kalispell, MT 59901  
(406) 758-7732

### **FIRE**

Deputy State Fire Marshall  
Dawn Drollinger  
445 Main Street – Kalispell  
257-2584

### **LIQUOR LICENSING**

Liquor Licensing Bureau  
P.O. Box 1712  
Helena, MT 59604-1712  
(406) 444-6900  
FAX: (406) 444-0722

### **WATER SUPPLY**

Department of Environmental Quality  
655 Timberwolf, Ste 3  
Kalispell, MT 59901  
(406) 755-8985

### **Well Log Data:**

<http://mbmggwic.mtech.edu/sqlserver/v11/menus/menuData.asp>

### **FOR FOOD MANUFACTURING:**

### **MT DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES**

ATTN: Jeff Havens  
(406) 444-5302